HEADQUARTERS
UNITED STATES EUROPEAN COMMAND
UNIT 30400, BOX 1000
APO AE 09128

DIRECTIVE
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HEALTH SERVICE SUPPORT

DEPLOYMENT HEALTH SURVEILLANCE AND READINESS

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1. **Summary**. This publication establishes policies and procedures for conducting deployment health surveillance for forces deployed within the Area of Operations of the United States European Command (USEUCOM). Such a surveillance system is a critical component of the Commander's Force Health Protection (FHP) activities.

2. **Applicability**. For purposes of this directive, the requirements for deployment health surveillance normally apply to military actions that are expected to place troops outside the catchment area of a fixed U.S. Medical Treatment Facility (MTF) and to last 30 or more continuous days (ref c). In special circumstances, the requirements may be extended to situations which do not meet these criteria (see para. 7a). The requirements of this Directive do not apply to routine naval deployments not anticipated to involve 30 or more days of field operations ashore.

3. **Internal Control Systems**. This Directive contains no internal control provisions and is not subject to the requirements of the internal management control program.

4. **Suggested Improvements**. The proponent for this Directive is the Command Surgeon. Suggested improvements should be forwarded to HQ USEUCOM/ECJ4-MR, Unit 30400, Box 1000, APO AE 09128.

5. **Explanation of Terms**.

a. Force Health Protection (FHP): A conceptual framework for optimizing health readiness and protecting service members from all health and environmental hazards associated with military service.

b. Deployment health surveillance (DHS): medical and environmental health surveillance activities related to military deployments, encompassing pre-deployment, during deployment, and post-deployment data collection.

c. Medical surveillance: the systematic collection, analysis, and dissemination of accurate and timely epidemiological and other patient-related data leading to appropriate interventions to protect the health of deployed forces.

This Directive supersedes ED 67-9, dated 10 Jul 98.

d. Disease and Non-Battle Injury (DNBI): any illness or injury occurring not as a direct result of hostile activity.

e. Environmental health surveillance: activities designed to detect and monitor the presence of hazardous materials in the air, soil, and water, including insects and reservoirs of disease. For the purposes of this Directive, it includes only such surveillance having a bearing on the short or long-term health of the deployed forces, not that performed principally for purposes of environmental protection.

f. Deployment: For the purpose of USEUCOM DHS, deployment is defined as a troop movement to an OCONUS location that does not have a fixed U.S. military medical treatment facility (MTF).

g. Fixed MTF: One that is land-based, U.S.-owned and funded by the Defense Health Program.

6. **References**.

a. DoD Directive 6490.2, "Joint Medical Surveillance", 30 Aug 97.

b. DoD Instruction 6490.3, Implementation and Application of Joint Medical Surveillance for Deployments, 7 Aug 97.

c. Joint Staff Memorandum MCM-251-98, Deployment Health Surveillance and Readiness, 4 Dec 98.

d. USCINCEUR Operations Order 98-01, Antiterrorism/Force Protection, 21 Feb 98, (FOUO).

e. EUCOM Directive 67-1, Medical Services.

f. EUCOM Directive 67-10, Joint Preventive Medicine Working Group, 22 Feb 00. This organization is now known as the Joint Force Health Protection Working Group (JFHPWG).

g. USAREUR Regulation on Medical Surveillance, 15 Jan 98.

h. ERMC Regulation 40-13, Medical Services, Pre & Post Deployment Screening, 10 Nov 97.

i. EPINATO DNBI reporting form, available at USEUCOM website (www.eucom.mil/hq/ecj4/ecj4-mr/prevmed/index.htm).

7. **Responsibilities**.

a. Commander in Chief, US European Command (USCINCEUR):

(1) Direct and coordinate component activity for the development of a deployment health surveillance program IAW ref c. Such coordination will normally be performed through the activities of the Joint Force Health Protection Working Group (JFHPWG), as specified in EUCOM Directive 67-10 (ref f).

(2) Review medical and environmental health surveillance data (including compliance levels) and report to the Joint Chiefs of Staff J4-Medical Readiness Division on a periodic basis.

(3) Specify health surveillance and DNBI reporting requirements, if any, for deployments less than 30 days in duration.

(4) Delineate responsibility for forwarding serum samples (if required), pre and post deployment screening records, and medical surveillance databases for long-term storage and analysis.

(5) Maintain current forms and templates for medical surveillance on the unclassified EUCOM website (http://www.eucom.mil/hq/ecj4/ecj4-mr/prevmed/index.htm).

b. Component Commanders:

(1) Design and execute a deployment health surveillance system IAW applicable DOD, USEUCOM, and Service directives.

(2) Ensure the accomplishment of appropriate medical screening for all deployments, including those performed in support of another command.

(3) Ensure the completion or revalidation of DD Form 2795 (Pre-Deployment Health Assessment) no more than thirty days prior to deployment (see para 8a for further details). For units coming from CONUS (both AC and RC), responsibility for ensuring completion of these forms prior to deployment lies with Joint Forces Command (JFCOM) and its components. To ensure completion of the forms prior to disembarkation in EUCOM, direct liaison with the supporting units on the part of supported EUCOM component commanders is encouraged.

(4) Delineate DNBI reporting requirements for component Task Forces (TFs), and report data and analyses through the EUCOM Surgeon (ECJ4-MR) to the Joint Staff as specified in Appendices A-C.

(5) Verify that post-deployment medical surveillance was performed prior to redeployment IAW ref c, para. 6. In those cases in which it was not performed, perform such surveillance on personnel returning from qualifying deployments.

c. USAREUR-specific responsibilities:

(1) Upon receipt of DNBI data, U.S. Army Center for Health Promotion and Preventive

Medicine - Europe (CHPPM-EUR) will perform epidemiological analysis and provide recommendations, if any, as specified in Appendices A, D, and E.

(2) For non-JTF deployments, perform such epidemiological analysis of DNBI data as may be specified or requested by the component Command Surgeon (see para. 7b).

(3) Perform environmental health data collection and analyses as directed by competent authority.

d. NAVEUR-specific responsibilities:

(1) Upon receipt of DNBI data, Naval Environmental and Preventive Medicine Unit Seven (NEPMU –7) will perform epidemiological analysis and provide recommendations, if any, as specified in Appendices C, D, and E.

(2) For non-JTF deployments, perform such epidemiological analysis of DNBI data as may be specified or requested by the component Command Surgeon (para. 7b).

(3) Perform environmental health data collection and analyses as directed by competent authority.

e. Task Force (TF) and Joint Task Force (JTF) Commanders:

(1) Address deployment health surveillance requirements early in the planning and deployment processes.

(2) Ensure access to appropriate media for deployment health surveillance data reporting, including secure transmission capability when required.

(3) Include all personnel in the TF or JTF (including all uniformed service members, DOD civilians, and where applicable, contractor personnel) in the deployment health surveillance system. Inclusion of non-uniformed personnel data in the EPINATO reports will depend on availability of denominator (supported population) data, as determined by the TF Surgeon.

(4) Ensure the earliest possible collection and epidemiological analysis of DNBI data and subsequent implementation of remedial and preventive measures (see para 8b for further details).

(5) Appropriately monitor environmental health hazards in the Area of Operations.

(6) Ensure that DD Form 2796 (Post-Deployment Health Assessment) is completed in theater for each individual within the five days preceding re-deployment. The TF or JTF Surgeon will track compliance with this requirement and report it as specified in para. 8d.

(7) Forward DNBI data, following analysis by the TF or JTF Surgeon, as specified in the appropriate appendix. Report frequency will normally be on a weekly basis, but may be altered to

fit the circumstances if agreed to by the EUCOM Surgeon.

8. **Procedures** (unless otherwise specified by CINCEUR)

a. Pre-deployment health assessment questionnaires. Complete questionnaires for all personnel deploying for a period of 16 or more continuous days, to a location in the USEUCOM AOR having no fixed U.S. MTF (follow the procedures outlined in ref c.) The 16-day requirement is imposed in order to capture data from personnel whose deployments might extend to or beyond the mandated 30 day standard, while excluding routine exercise deployments or reservist activations which typically last less than two weeks (Annual Training).

(1) Typically, the questionnaires will be completed at the member's home station. However, for the member originally deployed to a location with a fixed MTF who is subsequently forward deployed to one without, the fixed MTF location must initiate the questionnaire before sending the member forward.

(2) Pre- and post-deployment questionnaires are valid for 30 days, such that a member deploying and re-deploying to the same location in a 30-day window need only complete a single pre- and post- deployment questionnaire.

b. DNBI surveillance and reporting for any deployment to a location having no fixed MTF.

(1) Regardless of anticipated length of stay, initiate DNBI surveillance (i.e., collection, analysis and reporting to local commanders) as soon as supporting medical personnel begin seeing patients.

(2) Where the JCS/EUCOM deployment order is for 30 days or more, begin reporting DNBI information to higher headquarters (through the JTF or TF Surgeon) as soon as possible, but at least by day 30 of the deployment.

(3) Where the deployment extends beyond an anticipated JCS/EUCOM deployment order of less than 30 days, begin reporting DNBI information to higher headquarters (through the JTF or TF Surgeon) at day 30.

(4) Deployment DNBI surveillance and reporting is not required for locations having a fixed MTF, nor is it required for deployments which include no medical personnel.

(5) Unless otherwise directed by CINCEUR or designated representative, medical units will collect deployment DNBI data daily and report it weekly using the EPINATO form (ref i). The default classification for all data will be UNCLASSIFIED and data will be sent via unclassified electronic media (NIPRNET) wherever possible. Data containing unit designations and/or troop populations may be classified at a higher level as determined by the TF or JTF Commander and in such cases will be reported by appropriate secure means (preferably in electronic format). Consider designating separate classification levels for rates-only information versus unit/population number data to enable as much information as possible to be sent

UNCLASSIFIED.

(6) Current component (TF) DNBI reporting procedures are detailed in Appendix A (USAREUR), Appendix B (USAFE), Appendix C (NAVEUR), and Appendix D (SOCEUR). The Components should inform ECJ4-MR and the JFHPWG of any changes in these procedures. Reporting procedures for JTFs are presented in Appendix E.

c. Post-deployment health assessment questionnaires. Administer within five days prior to re-deployment to all personnel having been deployed for a period of 30 continuous days or more. Send completed forms to the service member's home station for forwarding to the DMSS, and place a copy in each individual's health record.

d. Pre- and post-deployment health surveillance compliance data will be reported to the Office of the EUCOM Surgeon (ECJ4-MR). The forms themselves should not be sent to ECJ4-MR unless specifically requested.

e. The JFHPWG will be utilized to standardize, coordinate, execute and monitor all aspects of deployment health surveillance within USEUCOM to the maximum extent possible.

9. **Command and Control.** The components retain command and control authority over their respective deployment health surveillance assets. CINCEUR and the USEUCOM Surgeon will exercise coordinating authority through the JFHPWG.

FOR THE COMMANDER IN CHIEF:

OFFICIAL:

MICHAEL A. CANAVAN
Lieutenant General, USA
Chief of Staff

DAVID R. ELLIS
LTC, USA
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DISTRIBUTION:
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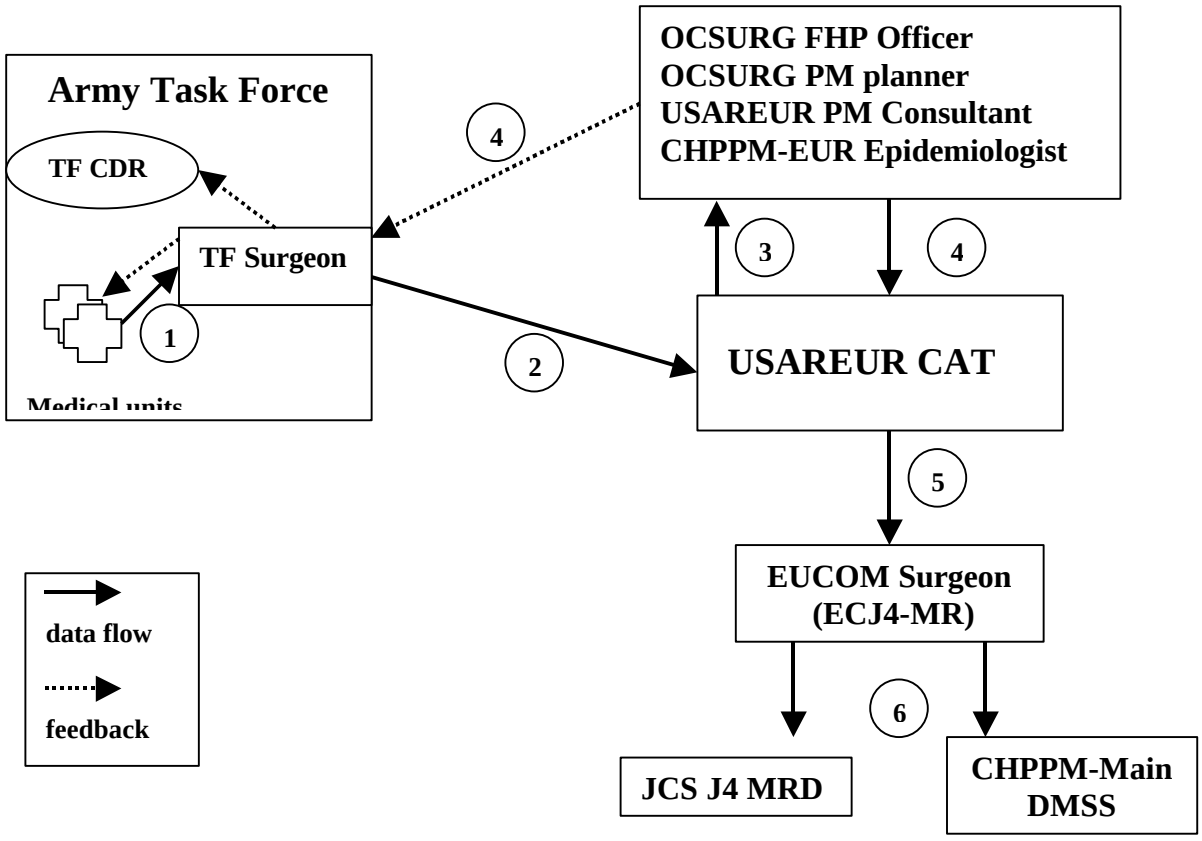
APPENDIX A.

USAREUR DNBI Reporting System (Army Task Force)

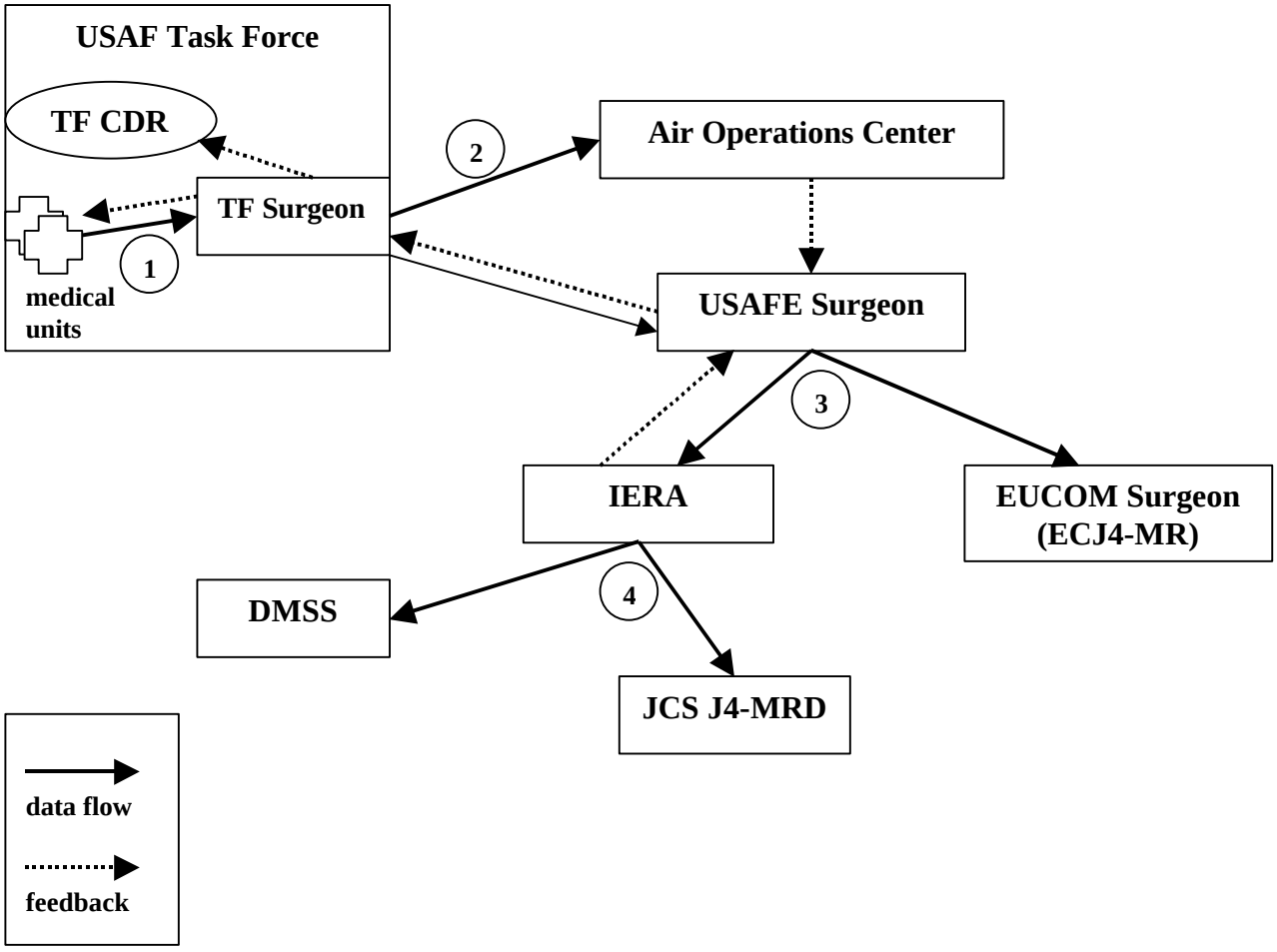
1. Medical units send DNBI data to Task Force (TF) Surgeon.
2. TF Surgeon sends data to USAREUR Crisis Action Team (CAT).
3. USAREUR CAT sends data to:
   a. USAREUR Preventive Medicine Consultant;
   b. OCSURG Force Health Protection Officer;
   c. OCSURG Preventive Medicine planner;
   d. CHPPM-EUR Epidemiologist
4. CHPPM-EUR sends analysis of data to TF Surgeon and to USAREUR CAT
5. USAREUR CAT sends analysis to EUCOM ECJ4-MR
6. ECJ4-MR sends analysis to JCS and CHPPM-Main



APPENDIX B.

USAFE DNBI Reporting System (Air Force Task Force)

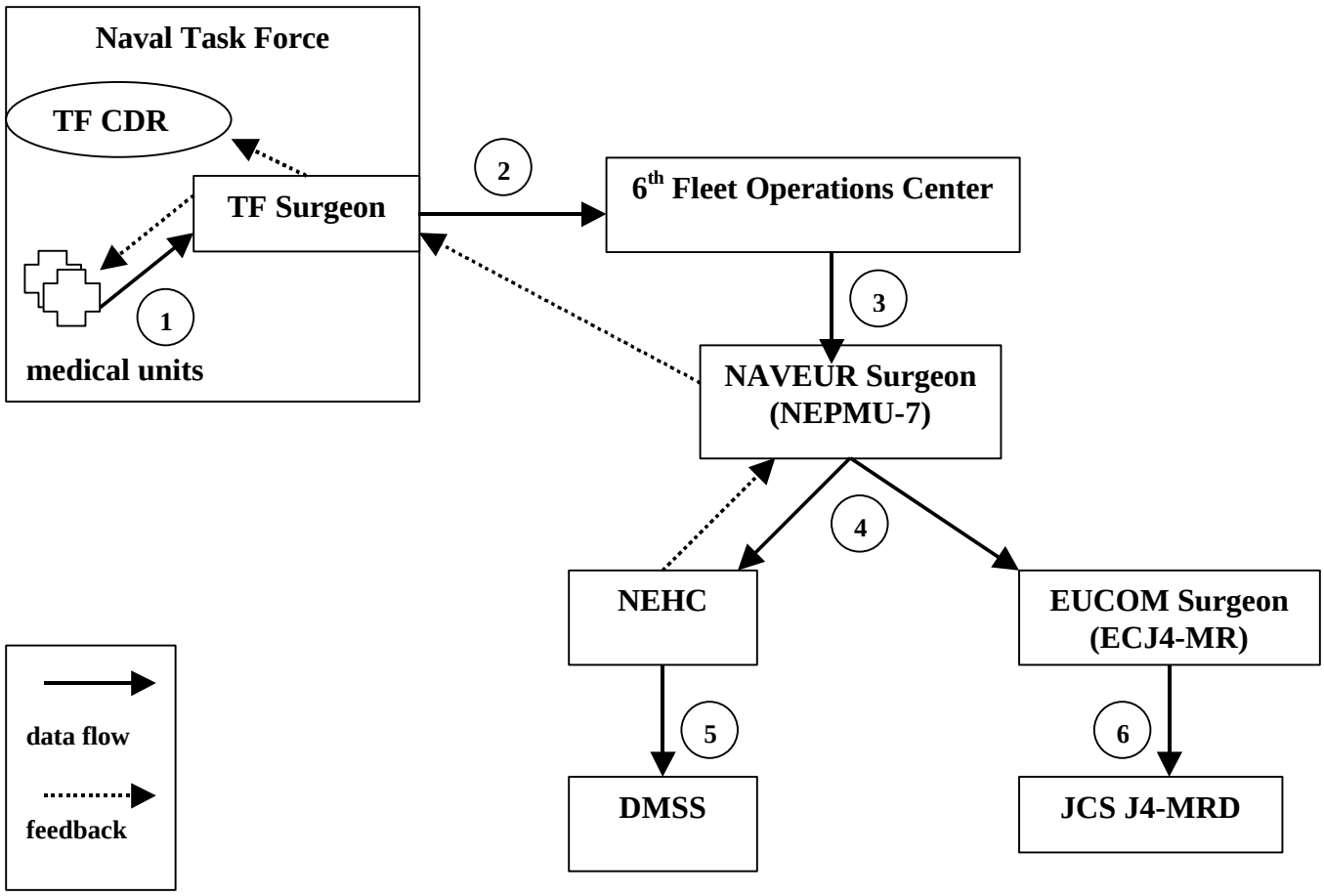
1. Medical units provide DNBI data to TF Surgeon.
2. TF Surgeon forwards data to HQ USAFE/SG (usafe.sg@ramstein.af.mil or usafe.sg@ramstein.af.smil.mil) and the USAFE Air Operations Center (AOC) (usafe.aos@ramstein.af.mil or usafe.aos@ramstein.af.smil.mil). AOC coordinates with HQ USAFE/SG to ensure receipt (redundant copy).
3. HQ USAFE/SG provides feedback to TF Surgeon and forwards data to EUCOM Surgeon and to USAF Institute for Environment, Safety, and Occupational Health Risk Analysis (IERA).
4. IERA provides analysis back to HQ USAFE/SG, sends a report to JCS J4-MRD and forwards data for archiving to the DMSS.



APPENDIX C.

NAVEUR DNBI Reporting System (Navy Task Force)

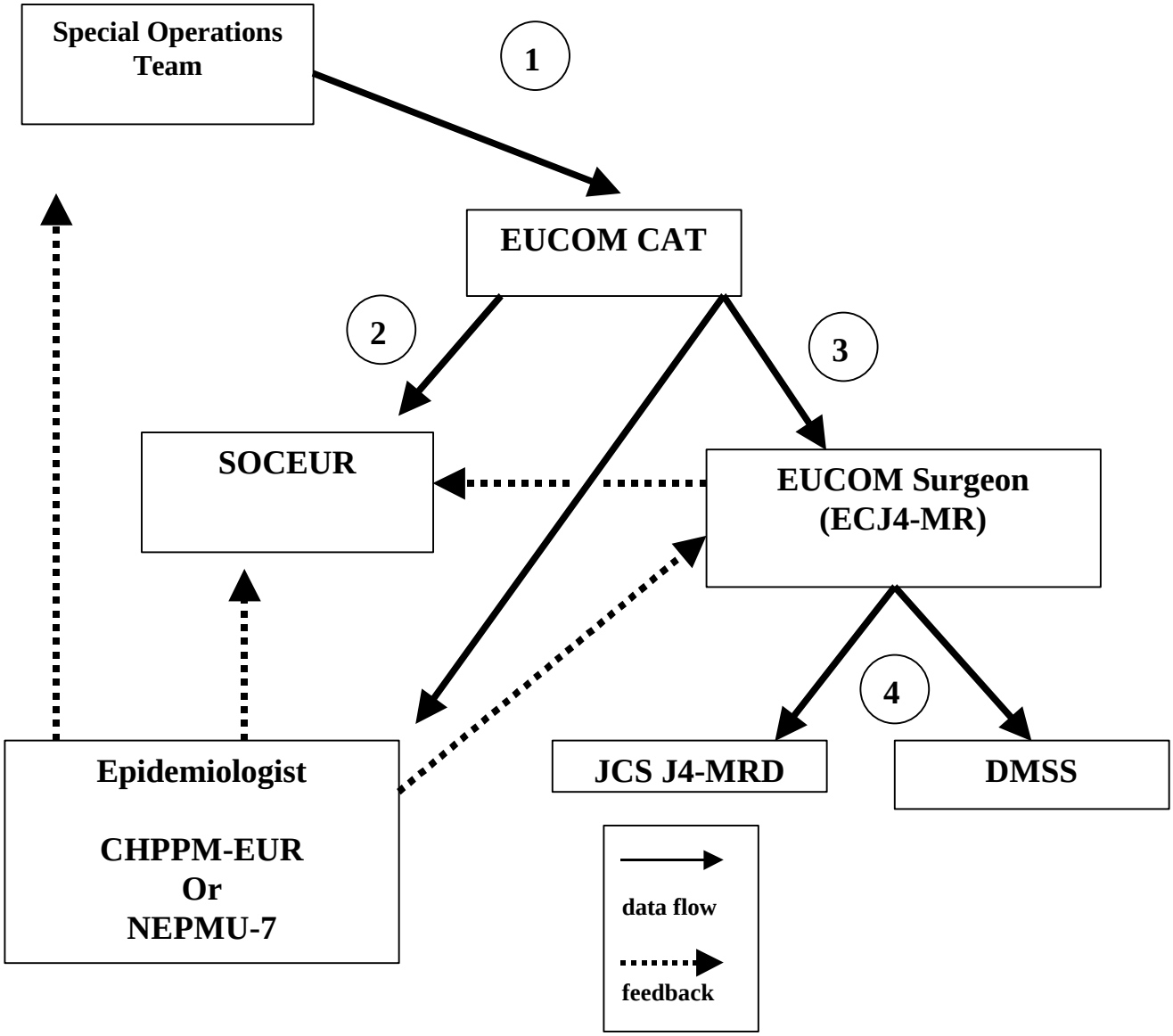
1. Medical units in deployed forces report DNBI data to TF Surgeon.
2. TF Surgeon forwards data to the 6th Fleet Operation Center.
3. The Fleet Operations Center forwards it to the Naval Environmental Preventive Medicine Unit-7 (NEPMU-7), which represents the NAVEUR Surgeon.
4. NEPMU-7 analyzes the data, providing feedback to the TF Surgeon, and sends the data with analysis to the Naval Environmental Health Center (NEHC). NEPMU-7 also forwards the report to the EUCOM Surgeon's Office.
5. NEHC provides further analysis, if appropriate, with additional feedback through NEPMU-7 to the TF Surgeon and forwards the data to the Defense Medical Surveillance System.
6. The EUCOM Surgeon's Office (ECJ4-MR) is responsible for sending the DNBI analysis to JCS J4-MRD.



APPENDIX D.

Special Operations Forces DNBI Reporting System

1. Special Operations Forces (SOF) report DNBI data to the to EUCOM Crisis Action Team (CAT).
2. EUCOM CAT forwards data to Special Operations Command Europe (SOCEUR).
3. After approval from SOCEUR to release information EUCOM CAT will call Surgeon (ECJ4-MR) and CHPPM-EUR Epidemiologist, who analyzes it, provides feedback to SOCEUR to rely the information to the deployed SOF Team, (may be given direct coordination from SOCEUR to the SOF team) and provides a report to ECJ4-MR.
4. ECJ4-MR forwards the report to JCS J4-MRD and DMSS.



APPENDIX E.

Joint Task Force DNBI Reporting System

1. Medical Treatment Facilities (MTFs) report DNBI data to Joint Task Force (JTF) Surgeon.
2. JTF Surgeon forwards data to EUCOM Crisis Action Team (CAT).
3. EUCOM CAT forwards data to EUCOM Surgeon (ECJ4-MR) and to CHPPM-EUR Epidemiologist, who analyzes it, provides feedback to the JTF Surgeon, and provides a report to ECJ4-MR.
4. ECJ4-MR forwards the report to JCS J4-MRD, sending copies to the Surgeons' Offices of the Components participating in the JTF.